		· ·	Substitute (c	E UETERMIN	ATION RECO	RD	n unless il displ Applica	lays a valid Of	AB control
·	CLA		(LED - PA				plication or Docket Number		
-		(Colum	νιου – ΡΑ 0 11					1-11-19	12.
FOR BASIC FEE		NUMBER FILED		(Column 2)		SMALL ENTITY		OTHER THA	
(37 CFR 1.16(a))				NUMBER EXTRA	RAT	E 650	.]		
TOTAL CLAIMS (37 CFR 1.16(c))						FEE		RATE	- F
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 20 =			x s 2 =	J_	OR		5
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(d))					x s 100	5	OR	× s <u>50</u> .	
				1.16(d))	+5.18		OR	x s 200	
· II the different	ce in column 1 is	less (han ze	ro, enter 10 ;	n column 2			OR	+ <u>3</u> 60	
	CLAIMS A	S AMENI	DED OAE		TOTAL		OR	TOTAL	1
•			, たの — AVE	(-170	L
4/10 I	(Column CLAIM		(Coil	umn 2). (Column	3)				
. ` ▼	REMAIN	ING	HIGH	EST	SIMAL	LENTITY	OR -	OTHER SMALL	THAN
<u> </u>	AFTER AMENOM	ENT	PREVI	DUSLY EXTRA	RATE	ADDI.	1 1	. 1	FIATHA
(31 CFR 1.16(c		Min	US "20	FOR		FEE	1	RATE	ADOI JINOIT
LI (31 OFR 1.166)		Mine	15	/	_ Lxs <u>25</u> =		7 -	En	FEI
≥			3		x s 100=	1		<u>550</u> =	
- FIRST PRES	ENTATION OF MUL	TIPLE DEPE	NOENT CLAIM	(37 CFR 1.16(d))		 	OR X	<u>s200</u>	
] [+s[80=	 	OR +	3/20		
	(Column 1)	•			. ADD'L FEE		OR AD	TAL O'L FEE	
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	REMAINING	i	PREVIOU	R PRESENT	RATE	A001-			·
to cert inter	AMENDMEN	. Minus	PAID FO	DR EXTRA	.	TIONAL		RATE	ADDÍ
Independent				= .	x s 25 =	FEE	·		TIONAL FEE
Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(c))	1	Minus		=	× s 100=		OR XS	<u>50</u>	
FIRST PRESEN	TATION OF MULT	PLE DEPEN	DENT CLAIM	(37 CFR 1.16(d))	+s 180=		OR X S	200_	
•					TOTAL		OR +	160	
· 	(Column 1)			•	ADO L FEE		OR ADD	AL 'L FEE	
	CLAIMS '	1	(Column	2) (Column 3)			3,0		
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Total	AMENOMENT	Minus	PREVIOUS PAID FOR	LY EXTRA		ADDI- TIONAL	RA		ADDI-
(31 CFR 1.16(c)) Indépendent (31 CFR 1.16(6))				=	× s 25	FEE	-		ONAL FEE
	-	Minus	444	n	x s 100		OR x 5	=	
FIRST PRESENT	ation of multip	LE DEPENDE	HTCLUM (3	CFR 1.16(d))	+ 5 180=		OR x 5 2		
					TOTAL		OR + 3	0O_	
" If the "Highest h	lumn 1 is less th. lumber Previous	an the entry	in column 2,	write "0" in column 3.	ADO'L FEE		OR ADD'L	FFF	
				write "0" in column 3. CE is less than 20, en CE is less than 3, ente Endent) is the bigh or	ler *20*				

The Highest Number Previously Paid For INTHIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fite (and by the INSPTO) to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete application form to the USPTO. Time will vary depending upon the individual case, Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS